



## MILWAUKEE COUNTY

### Employees' Retirement System

Courthouse, Room 210-C

901 N. 9th Street

Milwaukee, WI 53233

(414) 278-4207 (877) 652-6377

[www.County.Milwaukee.Gov/HumanResources](http://www.County.Milwaukee.Gov/HumanResources)

# DIRECT DEPOSIT

## DIRECT DEPOSIT AUTHORIZATION

Complete this form, attach a voided check and mail to Milwaukee County ERS at the address above. Please inform this office, in writing, whenever your address, bank or bank account is changed.

### RECIPIENT INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS		<input type="checkbox"/> Check if new address	
CITY	STATE	ZIP CODE	

### FINANCIAL INSTITUTION INFORMATION (refer to example)

BANK ROUTING NUMBER (ABA NUMBER)		BANK ACCOUNT NUMBER	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
TYPE OF ACCOUNT			
<input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Savings: please ask your financial representative for the routing number			
NAME OF BANK OR FINANCIAL INSTITUTION		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP CODE	

### AUTHORIZATION

I authorize you and the financial institution named above to automatically deposit my net pension benefits to my account. I authorize the financial institution to return any funds deposited to my account which I am not eligible to receive, including any deposits made after my death. This authority will remain in effect until I give **written** notice to cancel it.

SIGNATURE	DATE
<input type="checkbox"/> Voided check attached (checking and money market accounts only)	PHONE

